

Authorization Agreement for Electronic Funds Transfer (EFT) of LDOL Unemployment Tax Payments

FOR ACH CREDIT AUTHORIZATION ONLY

New Application ☐ Update ☐

Employer Name or Authorized Agent		*State ID#.	Federal ID#.
1ST Contact Person	Telephone	2nd Contact Person	Telephone
Mailing Address for EFT purposes (Street Address, Box number)			
Signature		Title	Date

*** When filing for multiple employers, attach listing in the format below or list the State ID#, Federal ID#, and DBA Name in the space provided below.**

<u>State UI No.</u> 123456-7	<u>Federal Id No.</u> 99-9999999	<u>DBA (doing business as)</u> ABC Company Inc.

Mail/ Fax Agreement To:
Fax(225) 342-5822/Phone(225)342-2955
Louisiana Department of Labor
Office of Regulatory Services
EFT Processing/UI Accounting
P. O. Box 94100
Baton Rouge, LA 70804-9186